

1. CIR./DIST./DIV. CODE FLS	2. PERSON REPRESENTED Williams, Gary	VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 0:00-006293-006	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) United States v. Brown, et al (WDF)	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal case	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 USC - CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Della Fera, Richard F 200 E. Broward Blvd. Suite 1210 FT Lauderdale FL 33301		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> S Sub For Federal Defender <input type="checkbox"/> S Sub For Panel Attorney <input type="checkbox"/> C C Court <input type="checkbox"/> R Sub For Defense Attorney <input type="checkbox"/> Y Standby Counsel U.S. DIST. COURT MAUDY DIAZ LAUD. Peter Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <i>Juliana S. of score</i> Signature of Presiding Judicial Officer or By Order of the Court <i>16-100</i> <i>1/13/00</i> Date of Order <i>16-100</i> <i>1/13/00</i> Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment: <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) Entin Margules and Della Fera PA 200 E. BROWARD BLVD SUITE 1210 FT LAUDERDALE FL 33301				
15. CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS
16. O U I C O U R T				
17. TRAVEL EXPENSES (lodging, parking, meals, mileage, etc.)				
18. OTHER EXPENSES (other than expert, transcripts, etc.)				
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____				
23. IN COURT COMP.		24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	
29. IN COURT COMP.		30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	
			34a. JUDGE CODE	